METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE
Metropolitan Health Department
Pollution Control Division
311 - 23rd Avenue North
Nashville, Tennessee 37203
Telephone: (615) 340-5653
FAX: (615) 340-2142

INCINERATOR PERMIT APPLICATION

ONE COPY OF THIS FORM MUST BE FILLED OUT COMPLETELY FOR EACH INCINERATOR

1. Company Name: _____ Phone No. _____
   Physical Location: _____
   Mailing Address: _____
   Emission Source Number: _____ SIC Code: _____ SCC Code: _____

2. Indicate the purpose of this application Construction Permit: • Operating Permit: • Revised Operating Permit: •

3. Source description: _____

4. Maximum Operating Schedule: Hours Per Day: _____ Hours Per Year: _____

5. Type of Incinerator (check one):
   _____ Single Chamber _____ Controlled Air _____ Multiple Chamber _____ Fixed Hearth
   _____ Multiple Hearth _____ Rotary Kiln _____ Other - Specify: _____

6. Year of construction or last modification: _____

7. Describe all types of materials to be burned in this unit:

Types of Materials to be Burned	Weight Percentage of Total Charge	Heating Value (BTU/LB)

8. Type of Incinerator Charging:
   A. _____ Batch Feed _____ Continuous Feed B. Waste Charging Method: _____
   C. Design Charging Rate: _____ (Lbs/Hr) D. Maximum Charging Rate: _____ (Lbs/Hr)

9.

Combustion Information	Design Temperature (^{o} F)	Heat Input to Burner(s) (Million BTU/Hr)	Burner Fuels
Primary Chamber:			
Secondary Chamber:			

10. Residence time of gas in the secondary chamber: (Seconds)

11. Is this Incinerator equipped with temperature monitoring and recording equipment? _____ Yes _____ No
    If yes, describe: _____

12. Indicate the dimensions of the largest nearby structure:

Height _____ (Ft.) Length _____ (Ft.) Width _____ (Ft.)

13. Design stack parameters based on the rated capacity and type of waste reported above:

(a) Stack or Release Point height above grade: _____ (Ft.)

(b) Inside diameter of stack or release mechanism at top: _____ (Ft.)

(c) Normal gas exit temperature: _____ (° F.)

(d) Exit gas velocity at stack conditions: _____ (Ft./Sec.)

(e) Exit gas volume flow rate: _____ (ACFM) _____ (DSCFM)

14. Air pollution control equipment:

Type of Contaminant	Year Installed	Type of Equipment	Efficiency
Particulate			
Sulfur Dioxide			
Other			
Other			

15. Is a continuous emission or parametric monitoring or recording instrument attached to this emission point? Yes _____ No _____

If yes, describe: _____

16. Show air contaminant data for this emission point:

Type of Pollutant Emitted	Maximum Concentration Quantity	Maximum Concentration Units	Potential Mass Emission Rates Lb/Hr	Lb/Day	Lb/Yr	Basis of Measurement*
Particulate		Grains/DSCF @ 12% CO_2				
Sulfur Dioxide		PPMDV @ 12% CO_2				
Carbon Monoxide		PPMDV @ 12% CO_2				
Volatile Organic Compounds		PPMDV @ 12% CO_2				
Nitrogen Oxides		PPMDV @ 12% CO_2				
Hydrochloric Acid (HCI)		PPMDV @ 12% CO_2				
Other		PPMDV @ 12% CO_2				

** Attach a copy of the source test, calculations, or other basis used as method of measurement.*

17. I hereby certify that to the best of my knowledge the information contained in this application is true, accurate and complete.

_____ _____

Type or Print Name of Responsible Official Title

_____ _____

Signature of Responsible Official Date

INSTRUCTIONS FOR COMPLETING AN INCINERATOR PERMIT APPLICATION

One application form must be completed for each incinerator and submitted to the Pollution Control Division along with a cover letter explaining the purpose of the application. The application must be accompanied by the filing fee required by Section 10.56.080, "Permit and Annual Emission Fees," of Chapter 10.56, "Air Pollution Control" of the Metropolitan Code of Laws. The instructions for completing this form are as follows:

Item 1 Report the company name, telephone number, physical location, and mailing address. Assign a numerical source number to this incinerator and report the primary Source Industrial Classification (SIC) code and the Source Classification Code (SCC).

Item 2 Indicate the purpose of this application by checking the appropriate space.

Item 3 Provide a thorough description of the incinerator and it's intended purpose and attach a copy of the manufacturers literature and a drawing of the unit showing all internal dimensions and burner locations. Also attach a sketch or plot plan of the facility showing the location of the incinerator exhaust, the distance to the adjacent properties and the names of the adjacent property owner or tenant.

Item 4 Report the maximum operating schedule to be used in projecting potential emissions. Twenty four hours per day and 8760 hours per year must be used unless this facility is proposing to be restricted to something less than the potential operating schedule.

Item 5 Describe the incinerator design by checking the appropriate space.

Item 6 Indicate the date of beginning construction if this is a new installation. For an existing unit report the date of construction or the date that the incinerator was last modified in such a manor as to increase potential emissions.

Item 7 Report the type of materials to be burned in this incinerator along with the percent of total charge and heating value in BTU/pound.

Item 8 Indicate the method of charging to be used by checking the appropriate space.

Item 9 Provide the requested information for each combustion chamber.

Item 10 Indicate the residence time of the combustion gases in the secondary chamber.

Item 11 Describe the type of equipment, if any, to be used to monitor and record the exit temperature of the secondary chamber.

Item 12 Indicate the dimensions of the largest nearby structure which may be the building in which the incinerator is located.

Item 13 Provide the requested stack parameters.

Item 14 Describe any air pollution control equipment installed on this incinerator. Attach a copy of the manufacturer's literature and warranty along with a drawing of the control equipment.

Item 15 Describe any continuous emission or parametric monitoring equipment to be used to demonstrate continuous compliance. A parametric monitor would be used to monitor an operating parameter such as the pH of an acid scrubber.

Item 16 Report the potential emission rate of each regulated and hazardous air pollutant emitted by this incinerator. Attach a copy of the test date, manufacturer's data, emission factors, etc., and all calculations used to project the potential emission rates of each pollutant.

Item 17 The responsible official must sign and date this form to certify that the information presented in the application is true, accurate and complete to the best of his knowledge.